UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. CERTIFICATE NUMBER: 86-R-0002

CUSTOMER NUMBER: 1043

FORM APPROVED OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

10/1/01 - 9/30/02

Arizona State University **Animal Care Program** Tempe, AZ 85287

Telephone: (4002) -965-4385

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Atached Listing

| A. Animals Covered By The Animal Welfare Regulations | B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use or pain-relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reast such drugs were not used must be attached to this report.) | F. TOTAL NUMBER OF ANIMALS (COLUMNS |
|---|---|---|--|--|--|
| 4. Dogs | | | | | 0 |
| 5. Cats | | | | | 0 |
| 6. Guinea Pigs | | | | | 0 |
| 7. Hamsters | 28 | | 529 | | 529 |
| 8. Rabbits | | 7 | 66 | | 73 |
| 9. Non-human Primates | | | 5 continuing frm prev | vious yr | 9 |
| 10. Sheep | | **** | | | 0 |
| 11. Pigs | | | 62 | | 62 |
| 12. Other Farm Animals | | | | | |
| Horses | 14 | | | | 0 |
| 3. Other Animals | · | · · · · · · · · · · · · · · · · · · · | | | |
| hinchillas | | | 44 | | 44 |
| ound-tailed Squirrel | | 47 | | | 47 |
| rush mouse | | 6 | | · | 6 |

ASSURANCE STATEMENTS

- Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, analgesic, and tranquilizing drugs, prior to, during, and following actual reservations, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and app Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary in brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

| CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL |
|---|
| (Chief Executive Officer or Legally Responsible Institutional Official) |
| |

SIGNATURE OF R.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

10/17/02

Ronald E. Barr, Institutional Official

Assistant Vice President for Research & Economic Affairs

APHIS FORM 7023 (AUG 91)

(Replaces VS FORM 18-23 (OCT 88), which is obsolete.)

OCT 2 3 200

DATE SIGNED

See reverse side for additional information.

Interagency Report Control No. 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

10/1/01 - 9/30/02

CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. REGISTRATION NO. 86-R-0002

FORM APPROVED OMB NO. 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

Arizona State University Animal Care Program Tempe, AZ 85287 480/965-4385

| A nimals Covered By The Animal Wellare Regulations 12 & AOR 13. Other (Ust by species) Cactus mouse Desert pocket mouse Merriam's pocket mouse Rock pocket mouse B. Number of animals upon which teaching, residency, research, or surgery but not yet used for such purposes. Cary fox Desert cottontail rabbit D. Number of animals upon which teaching, residency, research, surgery or lests were conducted involving accompanying pain or distress to the animals and for which he use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or instress, or use of pain, distress, or use of pain, relieving drugs. Cactus mouse Desert cottontail rabbit Desert cottontail rabbit D. Number of animals upon which teaching, research, surgery or lests. Were conducted involving accompanying pain or distress to the animals and for which happropriate anesthetic, analgesic, or tranquilizing drugs were used involving accompanying pain or distress, or lests were conducted involving accompanying pain or distress, or lests were conducted involving accompanying pain or distress, or lests were conducted involving accompanying pain or distress, or lests were conducted involving accompanying pain or distress, or lests were conducted involving accompanying pain or distress, or lests were conducted involving accompanying pain or distress, or lests were conducted involving accompanying pain or distress, or lests were conducted involving accompanying pain or distress, or lests were conducted involving accompanying pain or distress, or lests were conducted involving accompanying pain or distress, or lests were conducted involving accompanying pain or distress, or lests were conducted involving accompanying pain or distress, or lests were conducted involving accompanying pain or distress, or lests were conducted involving accompanying pain or distress, or lests were conducted involving accompanying pain or distress, or lests were conducted involving accompanying pain or distress. Th | TOTAL NO. OF ANIMALS (Cols. C + D + E) |
|--|--|
| Desert pocket mouse | |
| Merriam's pocket mouse 23 Rock pocket mouse 4 White throated woodrat 5 Gray fox 1 | 4 |
| Rock pocket mouse 4 White throated woodrat 5 Gray fox I | |
| White throated woodrat 5 Gray fox I | 23 |
| Gray fox I | 4 |
| Olay 10s | 5 |
| Desert cottontail rabbit 2 | 1 |
| | 2 |
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| ASSURANCE STATEMENTS | |

- 1). Professionally acceptable standards governing the care, treatment, and use of animals, including approriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2). Each principal investigator has considered alternatives to painful procedures.
- 3). This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4). The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

| CERTIFICATION BY HEADQUARTE | S RESEARCH FACILITY OFFICIAL |
|--|--------------------------------------|
| (Chief Executive Officer or Legally I | Responsible Institutional Official) |
| certify that the above is true correct a | and complete /7 U.S.C. Section 2142\ |

certify that the above is true, correct, and complete (7 U.S.C. Section 2143

UCI 23 20

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)
Ronald E. Barr, Institutional Official

Assistant Vice Pres. for Research

0/17/02

DATE SIGNED

(650A #1 201 UPUR IU CARAM 2010 URBAS 2010 URBAS 2010 DE SEURES EN DERBRARA DE OFFICIARIO DE UN BARRES 212

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. CERTIFICATE NUMBER: 86-R-0003 CUSTOMER NUMBER: 1044

FORM APPROVED OMB NO. 0579-0038

ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

University Of Arizona **University Animal Care** 1501 N. Campbell Ave JP O Box 245092 Tucson, AZ 85724

Telephone: (520) -626-6702

3. REPORTING FACILITY (List all locations where enimals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Atached Listing

| REPURT OF ANIMALS | USED DI UK UNUEK | DON I NOT ON KESEA! | CUT PACILITY ATERCA SOCIO | nal sheets if necessary or use APHIS Form 7023A) | |
|--|---|---|--|---|---|
| A. Animals Covered By The Animal Welfare Regulations | Number of animal being bred, conditioned, or need for use in teaching, testing, experiments, research, or surgery but not ye used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use or pain-relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving apcompanying pain or distress to the animals an for which appropriate anestratic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which leaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for whithe use of appropriate anesthetic, analgesic, or tranquilizing would have adversely effected the procedures, resor interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these enimals and the resect auch drugs were not used must be attached to this report | F. TOTAL NUMBE OF ANIMALS (COLUMNS C + D + E |
| 4. Dogs | | 0 | 2 · | 0 | 2 |
| 5. Cats | | 0 | 51 | 0 | 51 |
| 6. Guinea Pigs | | . 114 | 11'- | . 0 | 125 |
| 7. Hamsters | | 37 | 65 | 0 | 102 |
| 8. Rabbits | | 142 | 181 | · 0 | 323 |
| 9. Non-human Primates | | 0 | 10 | 0 | 10 |
| 10. Sheep | · · · · · · · · · · · · · · · · · · · | 0 | 18 | 0 | . 18 |
| ii. Pigs | | 93 | 205 | 0 | 298 |
| 12. Other Farm Animals | A 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | | | |
| Bovine | | 0 | 18 | 0 | 18 |
| 3. Other Animals | | | | | |
| Deer | | 9 | 0 | 0 | 9 |
| Wild rodents | | 3969 | 51 | 0 | 4020 |
| Bats | | . 414 | 0 | 0 | 414 |

ASSURANCE STATEMENTS

- Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of animals, analyses, and tranquilizing drugs, prior to, during, and following actual reservances. teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and applications. A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary in brief explanation of the exceptions, as well as the species and number of animals effected.
- 4) The attending veterinarian for this research facility has appropriate sufficing to ensure the provision of adequate veterinary care and to oversee the adequacy of other espects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official)

SIGNATURE OF CIS.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)
RICHART C. POWELL

DATE SIGNED

Ø

Vice President for Research & Inst.Official

(Replaces VS FORM 18-23 (OCT 86), which is obsolete.)

(AUG 91)

All redactions on this page are pursuant to (b)(6) & (b)(7)(c).

| \$6-R-003 | | • | |
|-----------------|----------|--|----------------|
| Facility | Status | Location | Contact Person |
| Site 001 | Active | Arizona Health Sciences Center 1501 N. Campbell Ave. P.O. Box 245092 Tueson AZ 85724-5092 Pima County | |
| Site 002 | Active | Central Animal Facility 1127 E. Lowell Ave. P.O. Box 245092 Tucson AZ 85724-5092 Pima County | |
| Site 003 | Active | Psychology Building 1503 E. University Blvd. P. O. Box 24592 Tucson, AZ 85724 Pins County | |
| Site 004 | Active | Wildlife Research Center 2230 E. Roger Rd. P. O. Box 24592 Tucson, AZ 85724 Pima County | • |
| Site 005 | Inactive | Campus Agricultural Center 4101 E. Campbell Ave. P. O. Box 24592 Tueson, AZ 85724 Pima County | • |
| Site 006 | Active | IACUC & Records Central Animal Facility 1127 E. Lowell Ave. P.O. Box 245092 Tucson AZ 85724-5092 Pima County - | |
| Site 007 | Active | Veterans Administration Hospital 3601 S. 6th Avenue P.O. Box 245092 Tucson AZ 85724-5092 Pima County | |

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UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 86-R-0005

CUSTOMER NUMBER: 1045

FORM APPROVED OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

Northern Arizona University Biological Sciences Annex Box 4087 Flagstaff, AZ 86011

Telephone: (520) -523-42.68

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

3iological Sciences Annex, Fort Valley Experimental area, Coconino National Forest, Kaibab Plateau, AZ. FACILITY LOCATIONS (Sites) - See Atached Listing

| By The Animal Welfare Regulations Provided in the company of the | REPORT OF ANIMALS | USED BY OR UNDER | CONTROL OF RESEAF | RCH FACILITY (Attach additiona | al sheets if necessarv or use APHIS Form 7023A) | |
|---|-------------------------------|--|---|--|--|--|
| 5. Cats 6. Guinea Pigs 7. Hamsters 8. Rabbits 9. Non-human Primates 10. Sheep 11. Pigs 12. Other Farm Animals 13. Other Animals Praire Dog 1 1 1 1 | Animals Covered By The Animal | being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye used for such | animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use or pain-relieving | which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were | research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasc | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
| 6. Guinea Pigs 2 2 2 2 2 7. Hamsters 8. Rabbits 9. Non-human Primates 9 9. Non-human Primates 9 9. Sondard Pigs 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | 4. Dogs | | , | | | |
| 7. Hamsters 8. Rabbits 9. Non-human Primates 10. Sheep 11. Pigs 12. Other Farm Animals 13. Other Animals 2 raire Dog 1 1 10 | 5. Cats | | | | | |
| 8. Rabbits 9. Non-human Primates 10. Sheep 11. Pigs 12. Other Farm Animals 13. Other Animals 2 raire Dog 1 1 1 2 leer mouse 41 41 | 6. Guinea Pigs | | | 2 | | 2 |
| 9. Non-human Primates 10. Sheep 11. Pigs 12. Other Farm Animals 13. Other Animals Praire Dog 1 1 Deer mouse 41 41 | 7. Hamsters | | | | | |
| 10. Sheep 11. Pigs 12. Other Farm Animals 13. Other Animals Praire Dog 1 1 Deer mouse 41 41 | 8. Rabbits | | | | | |
| 11. Pigs 12. Other Farm Animals 13. Other Animals Praire Dog 1 1 Deer mouse 41 41 | 9. Non-human Primates | | | | | |
| 12. Other Farm Animals 13. Other Animals Praire Dog 1 1 1 Deer mouse 41 41 | 10. Sheep | | | | | |
| 13. Other Animals Praire Dog 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 11. Pigs | | | | | |
| Praire Dog 1 1 Deer mouse 41 41 | 12. Other Farm Animals | | | | | |
| Deer mouse 41 41 | 13. Other Animals | | | | | |
| | Praire Dog | | 1 | | | 1 |
| Frush mouse 26 26 | eer mouse rush mouse | | 41 26 | | | 41 26 |

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, analgesic, and tranquilizing drugs, prior to, during, and following actual reserved teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approximate (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary in brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

| | CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official) | |
|---|--|----------------------|
| SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) Carl A. Fox, Vice Provost for Research | DATE SIGNED 10/24/02 |

APHIS FORM 7023

(Replaces VS FORM 18-23 (OCT 88), which is obsolete.)

(AUG 91)

N. 1 2.6

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UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OF RESEARCH FACILITY

(TYPE OR PRINT)

1. REGISTRATION NO. 86-R-0005

FORM APPROVED OMB NO. 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA include Zip Code)

CONTINUATION SHEET FOR ANNUAL REPORT

Northern Arizona University

Northern Arizona University
Biological Sciences Annex
Box 4087
Flagstaff, AZ 86011

| | | | | taii, AZ 00011 | |
|--|---|--|---|---|---|
| REPORT OF ANIMALS USED BY OF | | | (Attach adiditional sheets if ne | | |
| A. Animals Covered By The Animal Welfare Regulations 12. &/OR 13. Other (Ust by species) | B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes. | C Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report). | TOTAL NO. OF ANIMALS (Cols. C + D + E) |
| .nyon Mouse | | 107 | | | 107 |
| iff chipmunk | | 12 | | | 12 |
| ay-collard chipmunk | | 3 | | | 3 |
| lden-mantled ground | squirrel | 1 | | | 1 |
| xican woodrat | | 1 | | | 1 |
| ephen's woodrat | | 14 | | | 14 |
| ite-throated woodrat | | 8 | | | 8 |
| stern harvest mouse | | 3 | | | 3 |
| sert cottontail | | 4 | | | 4 |
| g-eared bat | | 5 | | | 5 |
| own bat | | 119 | | | 119 |
| otted bat | | 9 | | | 9 |
| af-eared peculiar ba | ıt | 1 | | | 1 |
| ary bat | | 241 | | | 241 |
| ght-wondering shagg | bat bat | 97 | | | 97 |
| uthwestern myotis | | 1 | | | 1 |
| lifornia myotis | | 5 | | | 5 |
| stern small-footed | at | 6 | | | 6 |
| ng-eared bat | | 107 | | - | 107 |

- 1). Professionally acceptable standards governing the care, treatment, and use of animals, including approriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility:
- 2). Each principal investigator has considered alternatives to painful procedures.
- 3). This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4). The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

| CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL |
|---|
| (Chief Executive Officer or Legally Responsible Institutional Official) |
| I manakha aban aban aban aban aban aban aban ab |

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

Carl A. Fox

Vice Provost for Research

DATE SIGNED

APHIS FORM 7023A

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

ASSURANCE STATEMENTS

10/24/02

See reverse side for additional information.

Interagency Report Control No. 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 86-R-0005

FORM APPROVED OMB NO. 0579-0036

CONTINUATION SHEET FOR ANNUAL REPORT
OF RESEARCH FACILITY
Norther
Biologic

(TYPE OR PRINT)

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

Northern Arizona University

Northern Arizona University Biological Sciences Annex Box 4087 Flagstaff, AZ 86011

| A. Animals Covered By The Animal Wellare Regulations 12. &/OR 13. Other (List by species) | B. Number of animals being bred, conditioned, or held for use in leaching, testing, experiments, research, or surgery but not yet used for such purposes. | C Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E | Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report). | TOTAL NO. OF ANIMAL: (Cols. C + D + E) |
|--|---|--|---|---|--|--|
| zona Myotis | | 1 | | | | 1 |
| nged myotis | | 35 | * ' | | | 35 |
| g-legged myotis | | 70 | | | | 70 |
| tis bat species | | 2 | | | | 2 |
| free-tailed bat | | 4 | | | | 4 |
| ican free-tailed ba | t | 36 | | | | 36 |
| species unknown | | 9 | | _ | | 9 |
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- 1). Professionally acceptable standards governing the care, treatment, and use of animals, including approriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, feaching, lesting, surgery, or experimentation were followed by this research facility.
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| CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL |
|---|
| (Chief Executive Officer or Legally Responsible Institutional Official) |

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

Carl A. Fox

Vice Provost for Research

DATE SIGNED

APHIS FORM 7023A

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

See attached form for additional information.

Interagency Report Control No.:

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 86-R-0009
CUSTOMER NUMBER: 1051

FORM APPROVED OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

W. L. Gore & Associates, Inc. 1505 N. Fourth Street Flagstaff, AZ 86001

Telephone: (520) -526-3030

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Atached Listing

| A. Animals Covered By The Animal Welfare Regulations | B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use or pain-relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasc such drugs were not used must be attached to this report | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|---|---|---|--|--|--|
| 4. Dogs | 1.6 | 0 | 107 | 0 | 123 |
| 5. Cats | 0 | 0 | 0 | 0 | 0 |
| 6. Guinea Pigs | <u>0</u> ~ | 0 | 0 | 0 | 0 |
| . Hamsters | 0 | 0 | 0 . | 0 | 0 |
| l. Rabbits | 7 | 0 | 146 | 0 | 153 |
| . Non-human Primates | 0 | | . 0 | 0 | 0 |
| 0. Sheep | 1 | 0 | 21 | 0 | 22 |
| 1. Pigs | 10 | 0 | 55 | 0 | 65 |
| 2. Other Farm Animals | 0 | 0 | 0 | 0 | 0 |
| 3. Other Animals | 0 | 0 | 0 | 0 | 0 |
| | | | | | |

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, analgesic, and tranquilizing drugs, prior to, during, and following actual reserved teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approximation. In addition to identifying the IACUC-approved exceptions, this summary in brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

| | CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL |
|--|---|
| | (Chief Executive Officer or Legally Responsible Institutional Official) |
| | |

SIGNATURE OF C.E.O. OF INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED

PHIS FORM 7023 (AUG 91)

(Replaces VS FORM 8-23 (OCT 88), which is obsolete.)

EVETROSS

ATTORNEY

11/18/0

4 Casiminer In and Site Address:

All redactions on this page are pursuant to (b)(6) & (b)(7)(c).

ID: 1051

4100 W. Kiltie Lane Flagstaff, AZ 86002 County: Coconino Telephone (520)526-3030

Flagstaff, AZ 86004

additional information.

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. CERTIFICATE NUMBER: 86-R-0016 CUSTOMER NUMBER: 1053

FORM APPROVED OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

Harrington Arthritis Research Center 300 N. 18th Street Phoenix, AZ 85006

Telephone: (602) -254-0377

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Atached Listing

| A. Animals Covered By The Animal Welfare Regulations | B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use or pain-relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | All sheets if necessary or use APHIS Form 7023A) Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for whithe use of appropriate anesthetic, analgesic, or tranquilized rugs would have adversely affected the procedures, resor interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reast such drugs were not used must be attached to this report.) | (COLUMNS C + D + E) |
|---|---|---|--|--|--------------------------|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-human Primates | | | | | |
| 10. Sheep | | | A STATE OF THE STA | | |
| 11. Pigs | | | 6 | | 6 |
| 12. Other Farm Animals | | | | | |
| 13. Other Animals | | | | | |
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- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and app Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary in brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

| 4 (2) | EADQUARTERS RESEARCH FACILITY OFFICIAL cer or Legally Responsible Institutional Official) | |
|--|---|-------------|
| SIGNATURE OF C.E.O. ON INSTITUTIONAL OFFICIAL WHAT THE DESCRIPTION OF THE PROPERTY OF THE PRO | NAME & TITLE OF C.E.O. OR-INSTITUTIONAL OFFICIAL (Type or Print) | DATE/SIGNED |
| APHIS FORM 7023 (Replaces VS FORM 18-23 (OCT 88), which is obsolete.) | | 1 1 |

additional information.

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. CERTIFICATE NUMBER: 86-R-0016 CUSTOMER NUMBER: 1053

FORM APPROVED OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

Harrington Arthritis Research Center 300 N. 18th Street Phoenix, AZ 85006

Telephone: (602) -254-0377

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, histing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Atached Listing

| REPORT OF ANIMALS | REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS Form 7023A) | | | | | |
|---|--|--|---|--|--|--|
| A. Animals Covered By The Animal Welfare Regulations | B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use or pain-relieving drugs. | which exteaching surgery, conducts accompadistress for which anesthed | pl animals upon operiments, i desearch, for fests were ed involving anying pain or to the animals an appropriate itd, analgesic, or ting drugs were | Number of animals upon which teaching, experiments, research, surgery or lests were conducted involving accompanying pain or distress to the animals and for whithe use of appropriate anesthetic, analgesic, or tranquitz drugs would have adversely affected the procedures, restor interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reast such drugs were not used must be attached to this report.) | F. TOTAL NUMBER OF ANIMALS (COLUMNS |
| 4. Dogs | | | | | | |
| 5. Cats | | | | | | |
| 6. Guinea Pigs | | | | | | |
| 7. Hamsters | | | | | | |
| 8. Rabbits | The state of the s | and the same of th | | | | |
| 9. Non-human Primates | | | A COLD Section of Publishers Company of the Local Control of the Cold Control of the Control of | | | |
| 0. Sh ee p | | | | | | |
| 1. Pigs | | | 6 | | | 6 |
| 2. Other Farm Animals | | | | | | |
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| 3. Other Animals | | | | | | |
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- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, analgesic, and tranquilizing drugs, prior to, during, and following actual reserved teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and appropriate institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report, in addition to identifying the IACUC-approved exceptions, this summary in brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL

(Chief Executive Officer or Legally Responsible Institutional Official)

NAME & TITLE OF C.E.O. OR HISTITUTIONAL OFFICIAL (Type or Pring

laces VS FORM 18-23 (OCT 88), which is obsolete.)

anen auran aur additional information.

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 86-R-0022

CUSTOMER NUMBER: 1058 FORM APPROVED OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

Primate Foundation Of Arizona P. O. Box 20027

Mesa, AZ 85277

Telephone: (480) -832-3780

FACILITY LOCATIONS (Sites) - See Atached Listing

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

| REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS Form 7023A) | | | | | |
|---|---|--|---|--|--|
| A. Animals Covered By The Animal Welfare Regulations | B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use σ pain-relieving drugs. | Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, enalgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reast such drugs were not used must be attached to this report | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
| -4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | M |
| 7. Hamsters | | | · | | |
| 8. Rabbits | | | | | |
| 9. Non-human Primates | | 75 | | | 75 |
| 10. Sheep | | | | | different manufacturity and the second secon |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| 13. Other Animals | | | | | |
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ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, analgesic, and tranquilizing drugs, prior to, during, and following actual reserved teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and applicational Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary in brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

| | N BY HEADQUARTERS RESEARCH FACILITY OFFICIAL ive Officer or Legally Responsible Institutional Official) | |
|---|---|-------------|
| SIDNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) | DATE SIGNED |
| Do Fasto | Jo Fritz, Director | 9/25/02 |

APHIS FORM 7023

replaces VS FORM-18-23 (OCT 88), which is obsolete.)

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 86-R-0022 CUSTOMER NUMBER: 1058

FORM APPROVED OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

Primate Foundation Of Arizona P. O. Box 20027 Mesa, AZ 85277

Telephone: (480) -832-3780

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Atached Listing

| REPORT OF ANIMALS | USED BT UK UNDER | CONTROL OF RESEAR | CON FACILITY (Attach additions | al sheets if necessarv or use APHIS Form 7023A) | |
|---|--|---|---|---|--|
| A. Animals Covered By The Animal Welfare Regulations . | B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use or pain-relieving drugs. | Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for whithe use of appropriate anesthetic, analgesic, or tranquitizings would have adversely affected the procedures, resor interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reast such drugs were not used must be attached to this report | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-human Primates | | 75 | | | 75 |
| 10. Sheep | A STATE OF THE STA | verten er un er mann ur och vill and mår kalter av er | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
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| 13. Other Animals | | | | | |
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ASSURANCE STATEMENTS

(AMG 91)

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and aprenditude and large and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary in brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

| | HEADQUARTERS RESEARCH FACILITY OFFICIAL Officer or Legally Responsible Institutional Official) | |
|--|---|---------------------|
| SIGNATURE OF C.E.O. OR INSTRUCTIONAL OFFICIAL | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) JO Fritz, Director | DATE SIGNED 9/25/02 |
| APHIS FORM 7023 PROPERTY VS FORM 1223 (OCT 88) which is obsolete | | |

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UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 86-R-0030

CUSTOMER NUMBER: 1275

FORM APPROVED OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

Alcor Life Extension Foundation 7895 E. Acoma Drive, Ste 110 Scottsdale, AZ 85260

Telephone: (480) -905-1906

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Atached Listing

| A. Animals Covered By The Animal Welfare Regulations | B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use or pain-relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, analgesic, or tranquilize drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reask such drugs were not used must be attached to this report | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|---|---|---|--|---|--|
| 4. Dogs | 0 | 0 | 0 | 0 | 0 |
| 5. Cats | 0 | 0 | 0 | 0 | 0 |
| 6. Guinea Pigs | 0 | | 0 | 0 | 0 |
| 7. Hamsters | 0 | 0 | 0 | 0 | 0 |
| 8. Rabbits | 0 | 0 | O | Ö | 0 |
| 9. Non-human Primates | Ö | Ó | 0 | 0 | 0 |
| 10. Sheep | 0 | 0 | 0 | 0 | 0 |
| 11. Pigs | 0 | 0 | 0 | 0 | 6 |
| 12. Other Farm Animals | 0 | 0 | 0 | O | 0 |
| | 0 | 0 | 0 | 0 | 0 |
| 13. Other Animals | 0 | 0 | 0 | 0 | 0 |
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ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and apr Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary in brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

| | ON BY HEADQUARTERS RESEARCH FACILITY OFFICIAL cutive Officer or Legally Responsible Institutional Official) | |
|---|---|-------------|
| SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) Jerry B. Lemler, M.D., | DATE SIGNED |

APHIS FORM 7023 (AUG 91)

(Replaces VS FORM 18-23 (OCT 88), which is obsolete.)

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ID: 1275

7895 E. Acoma Drive, Ste 110 Scottsdale, AZ 85260 County: Maricopa Telephone (480)905-1906

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. CERTIFICATE NUMBER: 86-R-0031

CUSTOMER NUMBER: 1698

FORM APPROVED QMB NO. 0579-0038

ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

Sun Health Research Institute 10515 W. Santa Fe Drive Sun City, AZ 85351

PH: (623) 876-5328

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or hold for these purposes. Atlach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Alached Listing

| REPORT OF ANIMALS | USED BY OR UNDER | CONTROL OF RESEAR | CH FACILITY (Attach addition: | al sheets if necessary or use APHIS-form 7023A) | , |
|---|---|---|---|---|---|
| A. Animals Covered By The Animal Watere Regulations | B. Number of animal being bred, conditioned, or held for use in teaching, losting, research, or surgery but not yeused for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain distress, or use or pain-relieving strugs. | D. Number of animals upon which experiments, leaching, research, surgery, or tosts ware conducted Invalving accompanying pain or distress to the animals an for which appropriate anesthetic, analigeaic, or tranquilizing drugs wore used. | E. Number of animals upon which teaching, experiments, research, surgery or fests were conducted involving accompanying pain or distress to the animals and for whithe use of appropriate anesthetic, analysasic, or tranquilic drugs would have adversely affected the procedures, responsion of the festiving, research, experiments; sungery, or bests. (An explanation of the procedures producing pain or distress in these animals and the reask such drugs were not used must be attached to this report | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
| 4. Dogs . | 0 | 0 | · 0 | 0 | 0 |
| 5. Cats | | 0. | ð | 0 | 0 |
| 6. Guinea Pigs | ن | 0 | · ~ . | 0 | 0 |
| 7. Hamsters | 0 | 0 | 0 | 0 | |
| 8. Rabbits | 38 | 0 | 177 | 0 | 177 |
| 9. Non-human Primates | (C) | ن ن | 0 | 0 | Ø |
| 10. Shaep | | \circ | O | · Ø | ·6 |
| 11. Pigs | 0 | <u>ي</u> | 0 | ට | O |
| 12. Other Farm Animals | 0 | ð | D | 0 | 0 |
| 13. Other Animals | | | | | |
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- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of animalstic, analysis, and tranquillizing drups, prior to, during, and following actual research teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful precedures.
- 3) This facility is adhoring to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and app institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary in brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending vetamarian for this research facility has appropriate authority to ensure the provision of adequats vetaminary cure and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official)

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

William C. Camp, EVP/COO

APHIS FORM 7023 . (AUG 91)

(Replaces VS FORM 1823 (OCT 88), which is obsolets.)



APHIS Form 7023 Site List

The following sites have been reported by the facility.

Registration Number:

86-R-0031

Customer Number:

1698

Facility:

SUN HEALTH RESEARCH INSTITUTE

10515 W. SANTE FE DR.

P. O. BOX 1278 SUN CITY, AZ 85372

(623) 876-5328

SUN HEALTH RESEARCH INSTITUTE 10515 W. SANTE FE DR. SUN CITY, AZ 85351

See reverse side for additional information.

Interagency Report Control No 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 86-R-0032 CUSTOMER NO. 10322

FORM APPROVED OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

ARIZONA HEART INSTITUTE FOUNDATION 2632 N. 20TH STREET PHOENIX, AZ 85006

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

FACILITY LOCATIONS (sites)

| FACILITY LOCATIONS (sites) | | | | | |
|--|--|--|--|--|--|
| ARIZONA HEART INSTITUTE FOUNDATION PHOENIX, AZ 85006 | | | | | |
| | | | | | |

| | | F RESEARCH FACILITY | (Attach additional sheets if neces | ssary or use APHIS FORM 7023A) | |
|---|---|---|---|--|---|
| A. Animals Covered By The Animal Welfare Regulations | B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report) | F. TOTAL NO. OF ANIMAL! (Cols. C + D + E) |
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-Human Primates | | | | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | ************************************** | | |
| 13. Other Animals | | | | | |
| | | | | | |
| | | | | | |
| ASSURANCE STATEMENTS | | | | | |

- Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all the exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

| CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional official) I certify that the above is true, correct, and complete (7 U.S.C. Section 2143) | | | | |
|--|--|-------------|--|--|
| SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) | DATE SIGNED | | |
| Barbara J. Robinson | B.J. Robinson, Director , Lab. Animal Science | 11/04/2002 | | |

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 86-R-0033 CUSTOMER NUMBER: 15053

FORM APPROVED OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

Pima Community College, East Campus 8181 East Irvington Road Tucson, AZ 85709

Telephone: (520) -206-7414

N

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Atached Listing

| REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS Form 7023A) | | | | | | |
|---|---|---|--|--|--|--|
| A. Animals Covered By The Animal Welfare Regulations | B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use or pain-relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasc such drugs were not used must be attached to this report | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) | |
| 4. Dogs | | | 7 | | 7 | |
| 5. Cats | | 4 | 2 | | 6 | |
| 6. Guinea Pigs | | | | | | |
| 7, Hamsters | | | | | | |
| 8. Rabbits | | | | | | |
| 9. Non-human Primates | | | | | | |
| 10. Sheep | | | | | | |
| 11. Pigs | | | | | | |
| 12. Other Farm Animals | | | | | | |
| 13. Other Animals | | | | | | |
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| ASSURANCE STATEMENTS | | | | | | |

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, analgesic, and tranquilizing drugs, prior to, during, and following actual reserved teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and aprendictional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary in brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

| CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official) | | | | | |
|--|---|--|--|--|--|
| NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) OFFICIAL (Type or Print) OFFICIAL (Type or Print) OFFICIAL (Type or Print) | DATE SIGNED | | | | |
| | xecutive Officer or Legally Responsible Institutional Official) | | | | |

APHIS FORM 7023 ²

(Replaces VS FORM 18-23 (OCT 88), which is obsolete.)

(AUG 91)

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